

CITY OF HOLLISTER
ADDRESS CHANGE FORM

EMPLOYEE NUMBER: _____

EMPLOYEE NAME: _____

STREET ADDRESS: _____

P.O. BOX NUMBER: _____

CITY, STATE & ZIP: _____

HOME PHONE NUMBER: _____

EMPLOYEE SIGNATURE

DATE

NOTE:

*THE HUMAN RESOURCES DIVISION SHOULD BE NOTIFIED IMMEDIATELY
UPON ANY CHANGE OF ADDRESS OR CHANGE TO A POST OFFICE BOX.
THIS FORM IS THEN FORWARDED TO PAYROLL TO INSURE MAILING OF
YOUR W-2 AT THE END OF EACH YEAR FOR TAX PURPOSES.*